



Application for Employment

Thank you for your interest in employment with a member company of The Saguaro Group. We provide a complete spectrum of behavioral health care services. This application may be used to apply for positions throughout the organizations within The Saguaro Group, a certified CABHA company.

The Saguaro Group is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

Conditions of employment are stated at the end of this form. Please read carefully before you sign or submit this application (Application must be completed in full even if attaching a resume).

If there is an offer, and you accept a position, the following information must be submitted prior to employment. Without this information a start date cannot be scheduled or the offer may be rescinded.

- A valid driver's license along with proof of current automobile insurance with expiration date.
- Proof of eligibility to work in the United States of America as per the second page of the Federal I-9 form. (e.g.: Social Security Card, Passport or Birth Certificate see <http://www.formi9.com/i-9.pdf> for a complete listing)
- Evidence of highest attained education level: e.g. high school diploma or GED, degree from an accredited college and transcript, professional licenses and any applicable certifications.

Sincerely,

Human Resources Department

Date of Application: _____

Applicant's Initials: _____

**The Saguaro Group (SG) Member Companies
Application for Employment**

Community Innovations, Inc., Saguaro Management & Accounting Services Inc., Triumph, LLC

**Please print clearly*

IDENTIFYING INFORMATION		
Last Name:	First Name:	MI:
E-mail Address:	Address:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Sex: Male Female
All names you have been known by including maiden name N/A or List: _____		

EMPLOYMENT DESIRED
Are you eligible to work in the United States? No Yes (see page 1)
If applying for an accounting or administrative position, state desired job /position. _____
Position Desired: _____Accounting _____Administrative _____Behavioral Health
If Behavioral Health, population desired: ___Mental Health ___Developmental Disabilities ___Substance Abuse
Services Preferred : _____Residential ___Periodic (list specific service if known):_____
I have reviewed the position descriptions on the web site and meet criteria. Yes No Could not review
Type of work preferred: Full Time Part Time Regular Temporary
List hours and days available. _____ Salary Expectations: _____
Location Desired: (<i>accounting positions available only in Wake County</i>) Alamance Bladen/Columbus Craven Davie Durham Five County Forsyth Halifax Henderson Onslow Orange Person Robeson Scotland Stokes Wake Wilkes Other _____
If interested in a group home position, circle all locations that apply: Ahoskie Chadbourn Clarkton Climax Fair Bluff Greensboro Holly Springs Jacksonville Liberty Lumberton Orrum Richlands/Jacksonville Sanford Tabor City Whiteville

BACKGROUND
Have you ever been dismissed or asked to resign from employment? No Yes, please explain _____ _____
Have you been convicted of any traffic violations in the past seven years? No Yes please explain _____ _____
Have you ever been convicted of a crime? No Yes, please explain: _____ _____
How did you hear about us? Company Website, Current Employee, Previous Employee, Friend, Newspaper, Internet Other _____
Referred by: _____

EDUCATION						
	Name	From	To	Degree or Diploma Received	Credit Hours Received	Major Subjects
High School						
Trade/Business School						
Accredited College or University						
Accredited Graduate/Professional School						
PROFESSIONAL LICENSES AND CERTIFICATIONS						
License/Certification Number:				Expiration Date:		
Field or specialty:				Agency and State Issued By:		
List other qualifications, publications, professional licenses, special honors, or awards you have which pertain to this position. _____ _____						
Have you been the subject of proceedings to suspend or revoke any professional license or certification? No Yes, please explain _____ _____						

WORK HISTORY <i>Give your full employment record – start with your current or most recent employment. Use additional sheets if necessary.</i>			
Have you ever worked for a member organization of The Saguaro Group before? No Yes: Company _____ When: _____ Location? _____ Supervisor? _____ Reason for leaving? _____			
Military Experience:			
Have you served in the Armed Forces? No Yes			
Branch:		Dates of Service:	
Rank:		Type of Discharge:	
Current or Last Employer:			
Supervisor:		Address:	
Salary:		Phone:	Employed From/To: (month/year)
Title / Brief description of duties:		Population Served: N/A	Child MH DD SA
		Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:			
May we contact your current employer at this time? Yes No, explain why _____			
Previous Employer:			
Supervisor:		Address:	
Salary:		Phone:	Employed From/To: (month/year)
Title / Brief description of duties:		Population Served: N/A	Child MH DD SA
		Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:			
Previous Employer:			
Supervisor:		Address:	
Salary:		Phone:	Employed From/To: month/year)
Title / Brief description of duties:		Population Served: N/A	Child MH DD SA
		Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:			

Previous Employer:		
Supervisor:	Address:	
Salary:	Phone:	Employed From/To: month/year)
Title/Brief description of duties:	Population Served: N/A	Child MH DD SA
	Number of hours worked/week _____	Adult MH DD SA
Reason for Leaving:		

PROFESSIONAL REFERENCES		
Name:	Title:	
Company Name:		
Address:		
City:	State:	Zip:
Telephone:	Alt. Telephone:	E-mail:
Best time(s) to reach:		
Professional relationship:		
Name:	Title:	
Company Name:		
Address:		
City:	State:	Zip:
Telephone:	Alt. Telephone:	E-mail:
Best time(s) to reach:		
Professional relationship:		
Name:	Title:	
Company Name:		
Address:		
City:	State:	Zip:

Telephone:	Alt. Telephone:	E-mail:
Best time(s) to reach:		
Professional relationship:		

If you have no previous work experience, please use a reference from any volunteer experience you may have or a personal reference who can verify work ethics.

The Saguaro Group (“SG”) , and its member companies are Equal Opportunity Employers and select employees regardless of race, color, religion, sex, national origin, age, ancestry, physical or mental handicap, or veteran status, in compliance with Local, State and Federal Equal Opportunity Laws.

1. I understand and agree that any material misrepresentation or omission of fact in my application will render this application void and may result in refusal to employ me, or if hired, termination of my employment.
2. I authorize SG to confirm my work history, verify all information given in this application, in related documents, and during interviews. I authorize SG to contact my former employers, references, reporting agencies, and any other persons relating to my application. I recognize and acknowledge that any information received may be the basis for denying, or if hired, for terminating my employment. I request and authorize all persons contacted to furnish the information requested and, in consideration for doing, hereby release any persons furnishing or receiving such information from all liability which might arise out of the communication made or the information furnished. I agree to complete a Release allowing SG to conduct checks with/for Criminal Background, Department of Motor Vehicles, North Carolina Health Care Personnel Registry, Office of Inspector General, and the Dru Sjodin National Sex Offender registry. I understand that an employment offer will be contingent on a review of the results of these background checks pursuant to SG policies and procedures.
3. I understand that I may be required to take a medical examination or a drug screening by a qualified physician or a laboratory at the discretion of SG, after a conditional offer of employment has been made by SG.
4. I agree that, if given a conditional offer of employment, I will provide, and authorize any physician or hospital to release, any information which may be necessary to determining my ability to perform the duties of the job for which I have been offered employment.
5. I understand and agree that any employment offered pursuant to this application will be at-will, terminable by either party at any time with or without reason, with or without notice, and with or without procedural formality or progressive discipline. I understand and agree that no representation, written or oral, express or implied, including without limitation those contained in any employment manuals, handbooks or information booklet that may be

distributed to me during the course of my employment, shall form a contract between me and SG so as to alter the at-will character of my employment. I further understand and agree that no person at SG, other than the CEO, has any authority to make any promise or representation to alter the at-will character of my employment. I understand that this is an application for employment and no employment contract is offered or implied, and that SG member companies are bound by the North Carolina laws regarding Employment at Will.

6. I understand and agree that, if offered employment, such employment shall be subject to the reasonable rules and regulations of SG as issued or changed at any time, without notification.
7. I understand and agree that SG may at times require overtime, holiday work, change of hours and/or days I am scheduled to work, or require me to work a schedule other than that for which I was originally hired, and I accept these as conditions of my continuing employment.
8. I understand and agree as a condition of my employment, that my wages will be paid through direct deposit to an account of my choice. I will maintain an active account in which the funds will be deposited each pay period. Further, I will immediately communicate changes to the payroll department for any account(s) where I have directed the funds to be deposited, and failure to do so may delay receipt of my wages.
9. I understand and agree that SG may change my job title, assigned duties, wages, benefits, place of employment, and/or other conditions of employment at any time, and I accept these as conditions of my continuing employment.
10. I understand and agree that this is an application for employment, and that no employment contract is offered or implied.

I have read, understand and agree to the above conditions.

Signature: _____ Date: _____

Print Clearly _____